GDPR Subject Access Request (SAR) Form

Policy Contact	Subhash Goswami	
Date Issued	18 th November 2021	
Review Date	18 th November 2022	
Target Audience	Individuals or legal representatives	
Approved by	Inna Care Policy Team	

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are currently entitled to receive this information under the UK General Data Protection Regulation (GDPR). We can also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and also deal with your request to exercise any rights to rectification, erasure, or restriction of processing that may exist.

We will endeavour to respond promptly and in any event within one calendar month (or thirty days, whichever is shorter) or our receipt of your written request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request but doing so will make it easier for us to process your request quickly.

Please print, complete, sign and send to us as per the instructions below.

	,		
Full Name:			
Home Address:			
_			
Date:		_	
Email Address:		<u>_</u>	
Contact phone number:			



Please highlight by ticking the appropriate entry in the following table which Subject Access Request (SAR) you wish to invoke:

Description	Tick
SAR 1 : Right to be informed	
SAR 2 : Right of Access	
SAR 3 : Right to rectification	
SAR 4 : Right to erasure	
SAR 5 : Right to restrict processing	
SAR 6 : Right to data portability	
SAR 7 : Right to object	

Are you the data subject?

Please tick the appropriate box and read the instructions which follow it.

[] YES: I am the data subject. I enclose proof of my identity (see box below).

(please go to section B below)

[] NO: I am acting on behalf of the data subject. I have enclosed the data subject's written authority and consent to making this request and proof of the data subject's identity and my own identity (see box below).

(please go to section A below)

Proof of Identity and Address

To ensure we are releasing data to the right person we require you to provide us with proof of your identity and of your address. Please supply us with a photocopy or scanned image (do not send the originals) of one of both of the following:

1) Proof of Identity

Passport, photo driving licence, national identity card, birth certificate.

2) Proof of Address

Utility bill, bank statement, credit card statement (no more than 3 months old); current driving licence; current TV licence; local authority tax bill, HMRC tax document (no more than 1 year old).

If we are not satisfied you are who you claim to be, we reserve the right to refuse to grant your request.



SECTION A				
Details of the data subject	ct (if different from on the fro	nt page	e)	
Full Name:				
Home Address:				
_				
Email Address:			_	
Contact phone number: _			<u> </u>	
SECTION B				
What information are yo	u seeking?			
Please describe the information	· · · · · · · · · · · · · · · · · · ·	e provi	ide any relevant details you think will help us	
Information about the co	ollection and processing of da	ata		
If you want information a	about any of the following, ple	ease ticl	ck the boxes:	
Why we are proc	essing your personal data	[1	
To whom your pe	ersonal data are disclosed	[]	
The source of you	ır personal data	[]	
Please describe why you have chosen this Subject Access Request so we can improve our services going forward:				



Please note that if the information you request reveals details directly or indirectly about another person we will have to seek the consent of that person before we can let you see that information. In certain circumstances, where disclosure would adversely affect the rights and freedoms of others, we may not be able to disclose the information to you, in which case you will be informed promptly and given full reasons for that decision.

While in most cases we will be happy to provide you with copies of the information you request, we nevertheless reserve the right in accordance with Article 12 of the GDPR to charge a fee or refuse the request if it is considered to be "manifestly unfounded or excessive". However, we will make every effort to provide you with a satisfactory form of access or summary of information if suitable.

DECLARATION

I confirm that I have read and understood the terms of this Subject Access Request Form and certify that the information given in this application is true. I understand that it is necessary for Inna Care to confirm my / the data subject's identity and it may be necessary to obtain more detailed information in order to locate the correct personal data.

Please sign in wet ink, and state your full name and date below:
Signature
Full Name:
Date signed:
Please send us the completed Subject Access Request Form by RECORDED DELIVERY to:
Head of Compliance.
Inna Care Limited.,
146 Heath Park Road. Romford RM2 5XL
We will respond within one calendar month of receipt (or 30 days whichever is the shorter) to the given physical Home Address. Inna Care will only provide information via channels that are secure. When hard copies of information are posted, they will be sealed securely and sent by recorded delivery.
It is UK Law to record a list of all Subject Access Requests. A copy of this form will be scanned and held for audit purposes of ICO Compliance in our secure storage for future reference.
Thank you for your requests.
Kind regards,
Inna Care
Compliance Office

